MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

AFTER 1st AMENDMENT

DEP.

IND.

AFTER 2nd AMENDMENT

DEP.

IND.

AS FILED

DEP.

IND.

OTAL

OTAL DEP. SERIAL NO. 09/980770 APPLICANT(S)

FILING DATE

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)

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